

Montana Pollutant Discharge Elimination System Application
General Permit for Storm Water Discharges Associated with Mining
and with Oil and Gas Activities

Guidance Document and Instructions for Parts I, II, and III

Who Must Apply for Coverage under this General Permit

Application Form Part I and II are required to be submitted by operators of facilities that discharge storm water from mining and oil and gas activities covered under the Standard Industrial Classification (SIC) codes 10, 12, 13, and 14, or by operators of facilities with storm water discharges that the State of Montana deems potentially significant contributors of pollutants to the receiving surface waters of the State of Montana. Discharges must be wholly comprised of storm water from precipitation events to be eligible for coverage under this general permit. Facilities covered under Effluent Limitation Guidelines are not covered under this general permit.

Where to File Applications

Completed application forms are to be returned to the address printed at the top of each Part. Remit checks to the Department of Environmental Quality, and include your permit authorization number on the memo line. Credit cards are not accepted.

Part I General Information

Item 1. Operator Address

Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity operating the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facility operation rather than the plant manager. Do not use colloquial names. (Example: Use Robert J. Jones, not Bob Jones; use R. J. Jones Mining and Milling Corporation, not Jones Mine.)

Give the name, title, and work phone number for the person who is thoroughly familiar with the operation and with the facts reported in this application and can be contacted by the reviewing agency if necessary.

Item 2. Mailing Address

Give the complete mailing address of the office *where correspondence and invoices should be sent*. This may not be the same address as the facility/site.

Item 3. Physical Location

Give the address or the location of the facility/site requiring permit coverage. If the facility/site lacks a street name or route number, give the most accurate alternative geographical information; latitude/longitude is preferable. Include the county where the facility/site is located.

Item 4. Standard Industrial Classification Codes

List in descending order of significance the four-digit SIC codes that best describe your facility/site in terms of principle products or services. SIC code numbers are found in the *Standard Industrial Classification Manual*. If you have questions concerning the appropriate SIC code for your facility/site, please contact the Storm Water Program of the Water Protection Bureau at 444-3080.

Item 5. Existing MPDES Permits

Please give the number of each currently effective permit issued to the facility/site for each program, or if you have previously filed an application but have not yet received a permit authorization, give the application date and number of the application, if known. If you have more than one current permit (or permit authorization) for any permit program, attach an additional page listing permit numbers and types.

Item 6. Status of Operator

Indicate the status of the entity that operates the facility/site. A public facility is operated by a city, town, county, district, or under state law.

Item 7. Indian Land

Indicate if this facility/site is located on Indian lands.

Item 8. Site Map

Provide a topographical map (or maps) of the area, extending to at least 1 mile from the property boundaries of the facility/site, that clearly shows the following:

- ◆ Legal boundary of the facility;
- ◆ Location and number of each existing intake and outlet (outfall) structure;
- ◆ All hazardous waste management units, storage areas, and disposal facilities;
- ◆ Springs and other surface water bodies; and
- ◆ Drainage basins and receiving waters for each storm water point source discharges (outfall).

Item 9. Nature of Business

Briefly describe the nature of your business (e.g. products produced or services provided).

Item 10. Certification

Federal and state statutes provide for severe penalties for submitting false information on this application. Regulations require this application to be signed as follows:

- ◆ For a corporation, by a principal executive officer of at least vice presidential level;
- ◆ For partnerships or sole proprietorship, by a general partner or the proprietor respectively; or
- ◆ For a municipality, state, federal, or other public facility, by the principal executive officer or ranking elected official.

~~Part II Discharge Information~~

~~*Item 1. Outfall Location*~~

~~An outfall location is considered to be the conveyance structure from which a storm water discharge leaves the permitted boundary of the facility/site or enters a state water.~~

- ~~◆ Assign a number to each outfall, starting with 001. If you have additional MPDES permits, check that the outfall numbers are consistent with the numbers in other permits. If the outfall is not well defined, assign the outfall number to a drainage area.~~
- ~~◆ Latitude/longitude can be derived from a 7½ quadrangle topographic map; try to achieve 15-second accuracy.~~
- ~~◆ Give the name of the surface waters that receive the storm water discharge. If the discharge reports to a municipal storm sewer, please indicate so, and include the receiving waters for the storm sewer.~~

~~Item 2. Discharge Information~~

~~Discharge information is monitoring results obtained from sampling events. Sample analysis data is to be entered for conventional pollutants (if available). If multiple sampling events have occurred, use the most recent data available.~~

~~Item 3. Site Drainage Map~~

~~The site drainage map should be of suitable scale to show necessary detail of the site and must include:~~

- ~~◆ Drainage and discharge structures;~~
- ~~◆ Drainage areas and outfall location;~~
- ~~◆ Paved areas and building locations, including past and present material handling areas, and outdoor storage and disposal areas;~~
- ~~◆ Structural control measures (Best Management Practices [BMPs]) used to reduce runoff, and~~
- ~~◆ Receiving waters.~~

~~Item 4. Description of pollutant sources~~

~~For each outfall, enter the impervious area and total area for the drainage basin. Use of the rational method is acceptable. Include the estimated flow rate for each drainage basin outfall.~~

~~Refer to Table II to identify any pollutant of concern that may be present on the site (naturally occurring or introduced for processing or treatment activities).~~

~~For each outfall listed, include the BMPs used to control pollutants that are listed in the preceding column. Table I lists codes for treatment units and is by no means exhaustive. Enter all BMPs used for pollution control in each drainage basin.~~

~~Item 5. Nonstormwater Discharges~~

~~Provide certification that all outfalls potentially containing storm water discharges associated with the permitted activities have been tested or evaluated for the presence of nonstormwater discharges. Tests for such nonstormwater discharges may include smoke tests, fluorometric dye tests, analysis of accurate schematics, as well as other appropriate tests. Please include a narrative of the method used and the date conducted.~~

~~Item 6. Significant Spills and Leaks~~

~~Provide a description of existing information regarding the history of significant leaks and spills of toxic or hazardous pollutants at the facility for the past three years.~~

~~Item 7. Biological Toxicity Testing Data~~

~~Do you have any biological testing data (regarding storm water discharges only)? If yes, enter the results. This is also referred to as Whole Effluent Toxicity (WET) testing.~~

~~Item 8. Certification~~

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- ◆ ~~For a municipality, state, federal, or other public facility, by the principal executive officer or ranking elected official.~~

~~Table 2. Additional Discharge Information~~

~~Table 2 is included for additional analysis data that may have been acquired for nonconventional, toxic, and hazardous pollutants of concern that may be present at your facility. See Table II for a listing of Conventional/Nonconventional, Toxic, and Hazardous Pollutants of Concern. If the facility has analyzed storm water for any of these pollutants, include the analysis results and sample collection method used.~~

Part III Notice of Termination (NOT)

Item 1. Site Status

Please indicate the status change of the facility. If the site has been stabilized, supporting documentation demonstrating that the stabilization criteria have been achieved must be supplied to the Department.

If the discharge from the site has been eliminated, documentation must be supplied detailing management practices employed to eliminate the discharge.

If the operator at the site has changed, the previous operator must submit a NOT form, and the new operator will have to reapply for coverage under the general permit.

Item 2. Authorization Number

Enter your permit authorization number as it is stated on your authorization letter.

Item 3. Name and Address of Operator

Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity operating the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facilities operation rather than the plant manager. Do not use colloquial names. (Examples: Use Robert J. Jones, not Bob Jones; use R. J. Jones Mining and Milling Corporation, not Jones Mine.)

Give the name, title, and work phone number for the person who is thoroughly familiar with the operation and with the facts reported in this Notice of Termination and who can be contacted by the reviewing agency if necessary.

Item 4. Physical Location of the Facility

Give the address or the location of the facility identified above. If the facility lacks a street name or route number, give the most accurate alternative geographical information; latitude/longitude are preferable. Include the county where the site is located.

Item 5. Certification

Federal and state statutes provide for severe penalties for submitting false information on this application. Regulations require this application to be signed as follows:

- ◆ For a corporation, by a principal executive officer of at least vice presidential level;
- ◆ For partnerships or sole proprietorship, by a general partner or the proprietor respectively; or
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